Attachments

| Column   C | (200) Servi                 | (200) Service Outage Reporting (Voice) | porting (V | oice)          |              |                                    |                    |   |                       | FCC Form 481                     |                          |   |
|--|-----------------------------|--|------------|----------------|--------------|------------------------------------|--------------------|---|-----------------------|----------------------------------|--------------------------|---|
| Activities   Colored   C | Data Colle                  | ction Form                             |            |                |              |                                    |                    |   | J                     | JMB Control No. 3060<br>uly 2013 | 3-0986/OMB Contra        | ol No. 3060-0819                                      |
| 10   10   10   10   10   10   10   10  | 1 1                         | Study Area Cod                         | e          |                |              |                                    |                    | 429790                                  |                       |                                  |                          |   |
| Control   Cont | - 1                         | Study Area Nan                         | ne         |                |              |                                    |                    | MISSOURI                                | RSA NO. 5 PARTNERSHIP |                                  |                          |   |
| Contact Name   Second Exercise (second Exercise)   Contact Name   Second Exercise (second Exercise (second Exercise)   Contact Name   Second Exercise (second Exercise)   Contact Name   Second Exercise (second | - 1                         | Program Year                           |            |                |              |                                    |                    | 2018                                    |                       |                                  |                          |   |
| Contact Feelpoint Number of Parent Health and Addition   Contact Feelpoint Number of Parent Health and Addition   Contact Feelpoint Number of Parent Health and Addition   Contact Feel Parent Healt | - 1                         | Contact Name                           | - Person U | SAC should cor | ntact regard | ing this data                      |                    | Tina Jord                               | an                    |                                  |                          |   |
| Court   Cour |                             | Contact Teleph<br>Contact Email A      | one Numb   | er - Number o  | f person ide | intified in data I                 | ine <030>          | 000000000000000000000000000000000000000 | 2 ext.                |                                  |                          |   |
| Courage Start   Start   Courage for a continue of Total   Start   St |                             | For the prior                          | calendar \ | ear, were th   | iere any re  | portable voice                     | service outa       | ges?                                    | Yes                   |                                  |                          |   |
| Outsign Start         Outsign  | <220>                       | \$                                     | <          | \$             | <br>b4>      | \<br>\r\                           | <0>>               | ç                                       | (9)                   |                                  | <u> </u>                 | ť   |
| 03-13 04/13/2016 03:59 7000 7000 Wes Callular Voice Over LTB (Volume) / Gard replaced Service rescond  | NORS<br>Reference<br>Number |  | 1          | L              |              | Number of<br>Customers<br>Affected | Total<br>Number of | 911<br>Facilities<br>Affected           |                       |                                  | ce Outage                | Preventative  |
|  | .6-23061813                 |  |            | 08/13/2016     | <del></del>  | 7000                               | 7000               | Yes                                     | +                     |                                  | replaced,<br>ce restored | Move one link to<br>different equip for<br>redundancy |
|  |                             |  |            |                |              |                                    |                    |   |                       |                                  |                          |   |
|  |                             |  |            |                |              |                                    |                    |   |                       |                                  |                          |   |
|  |                             |  |            |                |              |                                    |                    |   |                       |                                  |                          |   |
|  |                             |  |            |                |              |                                    |                    |   |                       |                                  |                          |   |
|  |                             |  |            |                |              |                                    |                    |   |                       |                                  |                          |   |
|  |                             |  |            |                |              |                                    |                    |   |                       |                                  |                          |   |
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|  |                             |  |            |                |              |                                    |                    |   |                       |                                  |                          |   |
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|  |                             |  |            |                |              |                                    |                    |   |                       |                                  |                          |   |
|  |                             |  |            |                |              |                                    |                    |   |                       |                                  |                          |   |

# Certification of Officer as to Compliance with Applicable Service Quality Standards and Consumer Protection Rules

(010) Study Area Code

429790

(015) Study Area Name

MISSOURI RSA NO. 5 PARTNERSHIP

(020) Program Year

2018

(030) Contact Name

Tina Jordan

(035) Contact Telephone No

660-395-9682

(039) Contact Email Address

tjordan@charitonvalley.com

#### CERTIFICATION

Missouri RSA 5 Partnership d/b/a Chariton Valley Wireless Services complies with Red Flag Rules, CPNI, and the Fair Credit Reporting Act, the Cellular Telecommunications and Internet Association's Consumer Code for Wireless Service, and seeks to protect our customer's privacy while providing them with high quality, state-of-the-art telecommunications products and services. I certify that I am an officer of the reporting carrier; my responsibilities include ensuring compliance with the applicable service quality standards as well as the consumer protection rules; and, to the best of my knowledge, the carrier is in compliance with applicable service quality standards and consumer protection rules pursuant to 47 C.F. R. 54.313 and 54.422.

Signature of Authorized Officer
Printed Name of Authorized Officer

of the United States Code, 18 U.S.C. 1001.)

Title or position of Authorized Officer General Manager

Date 6/24/

(Persons making willful false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. 502, 503(b), or fine or imprisonment under Title 18

## Certification of Officer as to Compliance with Functionality in Emergency Situations

(010) Study Area Code

429790

(015) Study Area Name

MISSOURI RSA NO. 5 PARTNERSHIP

(020) Program Year

2018

(030) Contact Name

Tina Jordan

(035) Contact Telephone No

660-395-9682

(039) Contact Email Address

tjordan@charitonvalley.com

#### **CERTIFICATION**

Missouri RSA 5 Partnership d/b/a Chariton Valley Wireless Services (CVWS) provides a minimum of 8 hours of battery back-up power at each site, has added generators to new sites to avoid service outages during commercial power failure, has access to two 33kw portable trailer generators, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. I certify that I am an officer of the reporting carrier; my responsibilities include ensuring functionality in emergency situations; and, to the best of my knowledge, the carrier is in compliance with the ability to function in emergency situations pursuant to 47 C.F. R. 54.313 and 54.422.

Signature of Authorized Officer Printed Name of Authorized Officer

Title or position of Authorized Officer

nley Date 6/20/2017

General Manager

(Persons making willful false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. 1001.)

| 700) Pric<br>Jata Colli | (700) Price Offerings I<br>Data Collection Form | (700) Price Offerings including Voice Rate Data<br>Data Collection Form                               | Data                           |                                  |                            |                                  |                                  | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013            | MB Control No. 3060-0819          |
|-------------------------|---|---|--------------------------------|----------------------------------|----------------------------|----------------------------------|----------------------------------|---|-----------------------------------|
| <010>                   | Study Area Code                                 | Code  |                                |                                  | 429790                     |                                  |                                  |   |                                   |
| <015>                   | Study Area Name                                 | Name  |                                |                                  | MISSOURI R                 | MISSOURI RSA NO. 5 PARTNERSHIP   |                                  |   |                                   |
| <070>                   | Program Year                                    | ar  |                                |                                  | 2018                       |                                  |                                  |   |                                   |
| <030>                   | Contact Na                                      | Contact Name - Person USAC should contact regarding this data   | ld contact regard              | ing this data                    | Tina Jordan                | ц                                |                                  |   |                                   |
| <035>                   | Contact Tel                                     | Contact Telephone Number - Number of person identified in data  | ber of person ide              | ntified in data line <           | line <030> 6603959682 ext. | ext.                             |                                  |   |                                   |
| <039>                   | Contact Em                                      | Contact Email Address - Email Address of person identified in data line <030>                         | ress of person id              | entified in data line            |                            | tjordan@charitonvalley.com       |                                  |   |                                   |
| <701><br><702>          | Residential<br>Single State                     | Residential Local Service Charge Effective Date<br>Single State-wide Residential Local Service Charge | fective Date<br>Service Charge | 1/:                              | 1/1/2017                   |                                  |                                  |   |                                   |
| <703>                   |   |   |                                |                                  |                            |                                  |                                  |   |                                   |
|                         | <a1></a1>                                       | <a2></a2>   |                                | <br><br><br><br><br><br><br><br> | <br><br>                   | <br><br><br><br><br><br><br><br> | <br><br><br><br><br><br><br><br> | <b><b><b><b><b><b><b><b><b><b><b><b><b></b></b></b></b></b></b></b></b></b></b></b></b></b> | CC> Total per line Rates and Fees |
|                         | ١   | AT.T.   | ,                              | 0.0                              | 0 00                       | 0 0                              | 0.0                              | 0   | 20.0                              |
|                         |   |   |                                |                                  |                            |                                  |                                  |   |                                   |
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|                         |   |   |                                |                                  |                            |                                  |                                  |   |                                   |
|                         |   |   |                                |                                  |                            |                                  |                                  |   |                                   |
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|                         |   |   |                                |                                  |                            |                                  |                                  |   |                                   |
|                         |   |   |                                |                                  |                            |                                  |                                  |   |                                   |
|                         |   |   |                                |                                  |                            |                                  |                                  |   |                                   |
|                         |   |   |                                |                                  |                            |                                  |                                  |   |                                   |
|                         |   |   |                                |                                  |                            |                                  |                                  |   |                                   |
|                         |   |   |                                |                                  |                            |                                  |                                  |   |                                   |
|                         |   |   |                                |                                  |                            |                                  |                                  |   |                                   |
|                         |   |   |                                |                                  |                            |                                  |                                  |   |                                   |
|                         |   |   |                                |                                  |                            |                                  |                                  |   |                                   |

•

| Data Collection Form  |                                |  |
|---|--------------------------------|--|
| <010> Study Area Code   | 429790                         |  |
| <015> Study Area Name   | MISSOURI RSA NO. 5 PARTNERSHIP | ARTWERSHIP   |
| <020> Program Year  | 2018                           |  |
| <030> Contact Name - Person USAC should contact regarding this data                 | Tina Jordan                    |  |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 6603959682 ext.                |  |
| <039> Contact Email Address - Email Address of person identified in data line <030> | tjordan@charitonvalley.com     | ey.com   |
|   |                                |  |
| <pre>&lt;81U&gt; Keporting Larrier</pre>  |                                |  |
| <811> Holding Company Chariton Valley Telephone Corporation                         |                                |  |
| <812> Operating Company Missouri RSA NO. 5 Partnership                              |                                |  |
| <813>   |                                | (32)×  |
|   |                                |  |
|   |                                | SAC Doing Business As Company or Brand Designation |
| Chariton Valley Telephone Corporation   | 421864                         | 7  |
|   | 429031                         | 1  |
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|   |                                |  |

### Certification of Officer as to Compliance with Voice Services Rate Comparability

(010) Study Area Code 429790

(015) Study Area Name MISSOURI RSA NO. 5 PARTNERSHIP

(020) Program Year 2018

(030) Contact NameTina Jordan(035) Contact Telephone No660-395-9682

(039) Contact Email Address tjordan@charitonvalley.com

#### **CERTIFICATION**

Missouri RSA 5 Partnership d/b/a Chariton Valley Wireless Services (Chariton Valley) operates in the state of Missouri and has a \$20 call plan that applies to their entire study area, no more than two standard deviations above the applicable national average urban rate for voice services as published by the Wireline Competition Bureau February 14, 2017 (\$49.51.) I certify that I am an officer of the reporting carrier; my responsibilities include ensuring compliance with the voice services rate comparability; and, to the best of my knowledge, the carrier is in compliance with rules pursuant to 47 C.F. R. 54.313.

Signature of Authorized Officer
Printed Name of Authorized Officer

Title or position of Authorized Officer

Kirby J. Underberg

General Manager

Date 6/26/2017

(Persons making willful false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. 1001.)